



OVERVIEW & EXECUTIVE SUMMARY

2024 SNP MODELS OF CARE ANNUAL EVALUATION

Under the Medicare Modernization Act of 2003 (MMA), Congress established a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. These Special Needs Plans (SNPs) are designed for: 1) Individuals in institutional and institutional-equivalent settings; 2) Individuals who are dually eligible for Medicare and Medicaid; and/or 3) Individuals with severe or disabling chronic conditions, as specified by the Centers for Medicare & Medicaid Services (CMS).

In 2024, Simply Healthcare Plans (SHP) offered three Special Needs Plans (SNPs) through its contract with the Center for Medicare and Medicaid Services (CMS), serving members in each of the identified population types above. The following provides a list of the plans and a brief description of their differentiating features.

1. The **Simply Comfort** special needs plan serves institutional and institutional equivalent members, known as the **ISNP**. The ISNP target population consists of Medicare beneficiaries who are residing, or are expected to reside, 90 days or longer in a long-term care facility (defined as either: skilled nursing facility or inpatient psychiatric facility), or beneficiaries living in the community, but requiring an institutional equivalent level of care (LOC).
2. The **Simply Complete** special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the **DSNP**. Since SHP contracts with the State of Florida to cover Medicaid services, SHP is managing dual eligible beneficiaries' Medicare and Medicaid coverage and coordinates with SHP LTC services as well as other plans for the Medicaid long-term care benefit as appropriate.
3. **Simply Level** is a Group 4 chronic special needs plan (**CSNP**) serving Medicare beneficiaries living with diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

Eligible individuals for SHP's Special Needs Plans (SNPs) must have Medicare Parts A, B, and D, and reside in the SHP service area, with entitlement under Title XIX for medical assistance. SHP is committed to delivering or arranging comprehensive benefits for all plan members through integrated specialized care systems, aiming to improve outcomes, reduce costs, and enhance overall health and quality of life.

Annual Evaluation Process:

Each SNP plan adheres to an approved Model of Care (MOC), with Simply Healthcare Plans (SHP) responsible for annual evaluations. The MOC Taskforce collects and analyzes data from multiple departments to assess each SNP's effectiveness, identify key findings, and determine necessary follow-up actions. Various tools, including Health Risk Assessments and satisfaction surveys, track progress and identify barriers. Success requires meeting at least 80% of indicators for each of the six MOC outcome goals or receiving Taskforce approval. Corrective actions are initiated if goals are unmet or deemed necessary by the Taskforce. In 2024, ISNP and CSNP plans met four goals each, while the DSNP plan met three, with individual indicators addressed as needed.

2024 Results:

Outcomes Goals	I/ESNP (Simply Comfort)					DSNP (Simply Complete)					CSNP (Simply Level)				
	# Indicators Met	# Indicators Not Met	Percent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Percent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Percent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status
Goal #1: Improved access to affordable medical, mental health and social services	10	0	100.00%	0	MET	9	0	100.00%	0	MET	9	0	100.00%	0	MET
Goal #2: Improved coordination of care through an identified point of contact or gatekeeper	14	1	93.33%	1	MET	11	4	73.33%	4	NOT MET	10	5	66.67%	4	NOT MET
Goal #3: Improve transitions of care across settings and providers	13	1	92.86%	1	MET	14	0	100.00%	0	MET	13	1	92.86%	1	MET
Goal #4: Improved access to preventive health services	4	3	57.14%	0	NOT MET	10	3	76.92%	0	NOT MET	10	3	76.92%	0	NOT MET
Goal #5: Assure appropriate utilization of services	6	0	100.00%	0	MET	5	1	83.33%	1	MET	5	1	83.33%	1	MET
Goal #6: Improved member health outcomes	6	2	75.00%	0	NOT MET	6	2	75.00%	0	NOT MET	5	1	83.33%	0	MET
Overall	53	7	88.33%	2		55	10	84.62%	5		52	11	82.54%	6	

Key Findings & Recommendations:

For the 2024 evaluation, the taskforce agreed and approved updates to the baseline period and results for all six Outcome Goals, incorporating data from the previous year for most annually reviewed indicators. This approach enables a comparison of the current year's performance against a recent and relevant benchmark, facilitating the identification of year-over-year trends or changes.

Outcome Goal 1: Improve Access to Affordable Medical, Mental Health, and Social Services

Simply Healthcare Plans implements strategies to ensure members have access to affordable medical, mental health, and social services. These strategies aim to ensure that members receive necessary care without financial barriers. In 2024, a significant number of targets were met across all SNPs.

Areas of improvement/strengths:

- ISNP, DSNP, and CSNP plans successfully met all indicators of this goal at 100%.

Opportunities for improvement or changes identified:

- With the transition to a new Care Management (CM) system, we have replaced previous measures of member and PCP participation rates in Interdisciplinary Care Team (ICT) meetings with two new metrics: the percentage of completed comprehensive ICT meetings and internal ICT meetings across the three SNP plans.

SHP will continue to evaluate performance indicators to ensure sustained access to affordable medical, mental health, and social services for all members.

Outcome Goal 2: Improved coordination of care through an identified point of contact or gatekeeper

The SHP Models of Care utilize a gatekeeper model where the primary care physician acts as the primary contact for referrals, tests, and specialist consultations. The Plan's case manager (an APRN or RN) serves as a liaison between the member and care providers, assisting in accessing benefits and services.

Areas of improvement/strengths:

- In 2024, ISNPs achieved a 100% completion rate for annual Health Risk Assessments (HRAs) and demonstrated compliance in ensuring members had Individualized Care Plans (ICPs) completed and reviewed by PCPs or specialists at 100% rate.



- All SNP plans received high satisfaction ratings in member satisfaction surveys, meeting or exceeding the 85% goal. Notable responses include:
 - "Treated with respect": 100% ISNP, 94% DSNP, 96% CSNP.
 - "Helped me understand my treatment plan": 99% ISNP, 95% DSNP, 98% CSNP.

Opportunities for improvement or changes identified:

- ISNP: One indicator, the initial HRA completion rate, was unmet.
- In 2024, the DSNP and CSNP plans did not meet this overall goal. Both plans faced challenges in achieving the CMS target of 100% for four key metrics: initial and annual HRA completion rates, ICP, and ICT/ICP feedback.
- CSNP: Missed the satisfaction target for nurse accessibility by 1%, achieving 84% against an 85% goal

Based on the results achieved, the taskforce agreed that the following corrective actions are necessary:

- HRA Initial and Annual Measures: Implement updated training, revise policies, and enhance processes.
- ICP and ICT/ICP Feedback Measures: Update training and policies to ensure initiation of ICPs and feedback post-HRA.

Immediate corrective action for the CSNP nurse accessibility satisfaction indicator is not recommended; ongoing monitoring and future review are advised.

SHP will continue to assess performance indicators to ensure improved coordination of care through a single point of contact or gatekeeper.

Outcome Goal 3: Improve Transitions of Care across Settings and Providers

Simply Healthcare Plans maintains procedures to deliver and coordinate care transition interventions for SNP members experiencing transitions across care settings and providers. The goal is to help members and caregivers successfully navigate these changes. In 2024, the majority of benchmarks were achieved across SNPs.

Areas of improvement/strength:

- The DSNP plan successfully met the goal with 100% of indicators achieved.
- There was 100% compliance in ensuring Case Managers conduct minimal weekly ongoing follow-up with members post-discharge for both DSNP and CSNP plans.

Opportunities for improvement or changes identified:

- The ISNP and CSNP plans did not meet the readmission rate indicator.

Based on the results achieved, the taskforce has agreed on the necessity of corrective actions, including enhanced training for Case Managers on post-discharge management, policy reviews for effective follow-up, and proactive discharge report analysis.



SHP will continue its efforts to improve transitions of care across settings and providers, monitoring compliance with follow-up recommendations and corrective actions. The outcomes of these efforts will be monitored continuously, with changes implemented as needed.

Outcome Goal 4: Improve Access to Preventative Health Services

The plan provides ample opportunities for preventive health services through its network and benefits. Members are encouraged to utilize these services by providers, case managers, and unique initiatives.

Areas of improvement/strength:

- Interim HEDIS results for DSNP and CSNP measures related to Breast Cancer and Colorectal Screening surpassed the national mean and showed improvement from 2023 overall.
- The Provider Satisfaction Survey yielded positive outcomes, with Medicare providers expressing high satisfaction levels with the health plan's case and disease management programs, exceeding the target goal of 85%.
- Interim HEDIS results for Comprehensive Diabetes Care, specifically the Eye Exam rate, continue to demonstrate strong performance, ranking higher than the national mean.

Opportunities for improvement or changes identified:

- In 2024, this overall goal was not met across all SNP plans, primarily due to unmet interim HEDIS metrics related to Care for Older Adults (COA) assessments, specifically Functional, Medication Review, and Pain Status.

The Taskforce agreed that immediate corrective actions are not recommended as the HEDIS team's review is ongoing. Instead, COA assessment completion for eligible members will be monitored through internal chart audits and quarterly CM system reports, with reminders for Care Managers to complete the COA during the Health Risk Assessment (HRA) process for members aged 65 and older.

We will re-evaluate the need for corrective action in the next review period based on monitoring efforts and changes in COA completion rates.

SHP remains committed to enhancing access to preventive health services and will monitor for any necessary follow-up actions as new insights are gained.

Outcome Goal 5: Assure Appropriate Utilization of Services

The criteria associated with the utilization of services goal include chart audits, member satisfaction surveys, admission and ER rates, pharmacy generic dispensing rates, and behavioral health outpatient visit and penetration rates. This comprehensive approach allows the plan to evaluate the success of this Outcome Goal to assure appropriate utilization of services.

Areas of improvement/strength:

- The overall goal was successfully met across all three SNP plans, with the ISNP Plan achieving 100% of indicators.

- ISNP and CSNP plans met or exceeded targets for inpatient admissions and ER visits per 1,000, showing improvements in population health and the use of appropriate care settings.
- The ISNP and DSNP member satisfaction indicator regarding "helped make the best use of plan benefits" received a rating significantly above the 85% target.

Opportunities for improvement or changes identified:

- The "admissions per 1,000" indicator was unmet for the DSNP plan, indicating a decline from the previous year. The Taskforce decided on corrective actions that include proactive reviews of discharge reports to identify trends in admissions and readmissions, ensuring early notification of assigned Case Managers (CMs). Additionally, DSNP CMs will receive updated training in post-discharge management, and policies and procedures will be reviewed to ensure effective follow-up on transitional needs.
- For the CSNP plan, the Member Satisfaction Survey revealed that the measure "CM helped make the best use of plan benefits" fell 3% short of the goal. Enhancing member satisfaction through Case Manager guidance is crucial, prompting the Taskforce to conclude that corrective actions are necessary. These include developing targeted training for CSNP CMs focused on benefits education and effective communication strategies, using role-playing scenarios to help CMs proactively assist members in navigating their benefits.

Considering the achieved results, SHP will continue its planned efforts to ensure the effective and efficient utilization of services, thereby promoting healthier outcomes for the members.

Outcome Goal 6: Improve Member Health Outcomes

Member health outcomes are evaluated using various metrics, such as member satisfaction scores, annual health risk assessments (HRAs), and HEDIS measures targeting medical and chronic condition management, senior access, and medication usage. Additionally, a study on member health conditions and prevalence rates aimed to identify significant changes triggered by new diagnoses or diseases, assessing the need for new initiatives. Findings aligned with Model of Care (MOC) expectations, indicating no changes needed for target populations or processes.

The 2024 introduction of a new HRA form brought new indicators to this goal, including two new questions and one modified question. The baseline for these indicators now reflects 2024 results, marking the first year of the new measure's implementation.

Areas of improvement/strength:

- The CSNP plan successfully met 85.71% of its indicators, with only one indicator unmet.
- The Member Satisfaction survey yielded positive results overall across the three SNP plans, with Medicare members expressing high satisfaction with the program.

Opportunities for improvement or changes identified:

- The ISNP and DSNP plans did not meet this overall goal, with each achieving 75% of the indicators.
 - ISNP Plan Unmet Indicators:

- Member Satisfaction Survey question about their confidence in the ability to take medication: In this plan, many members require assistance with ADLs and IADLs, relying on family or caregivers. The Taskforce agreed on continued internal monitoring, considering a Corrective Action Plan (CAP) unnecessary.
- Medication Reconciliation Post-Discharge (TRC): This HEDIS measure was unmet.
- DSNP Plan Unmet Indicators:
 - Osteoporosis Management (OMW)
 - Comprehensive Diabetes Care: HbA1c Control <8%
- CSNP Plan Unmet Indicator:
 - Comprehensive Diabetes Care: HbA1c Control <8%

The Taskforce does not recommend immediate corrective actions for the unmet HEDIS indicators in this goal while the HEDIS team's review is ongoing. Instead, ongoing internal monitoring is proposed, along with reminders for Case Managers (CMs) to address care gaps for eligible members engaged in the CM program. Reevaluation for corrective actions will occur in the next review period, guided by interim HEDIS reports.

Based on the results achieved, SHP will persist in efforts to improve member health outcomes.

Conclusion for 2024 SNP MOCs Annual Evaluation:

The 2024 MOC Annual Evaluation Taskforce commends Simply Healthcare Plans for their continued commitment to enhancing member health outcomes across all Special Needs Plans (SNPs). Overall, significant progress was made, particularly in achieving high satisfaction in Member Satisfaction Surveys and meeting critical health benchmarks like those for comprehensive diabetes care (Eye Exam) and utilization services. The incorporation of new indicators through an updated Health Risk Assessment (HRA) has also set a robust foundation for future evaluations.

While all SNP plans succeeded in numerous areas, including improvements in care coordination and preventive health services, some opportunities for growth remain. Specifically, the DSNP and CSNP plans faced challenges in attaining the CMS target for certain key metrics. As a result, corrective actions focusing on training, policy updates, and enhanced monitoring have been outlined to fortify existing strengths and address unmet indicators.

The Taskforce supports continuous internal monitoring and strategic initiatives, opting for a thorough review based on interim HEDIS reports rather than immediate corrective actions. SHP remains committed to effective care transitions, appropriate service utilization, and preventive services access, aiming for improved health outcomes. Simply Healthcare Plans will use data and feedback to enhance its Models of Care and achieve its goals for better member health outcomes.